

# Diagnostic modalities and outcome measures in upper gastrointestinal disorders

Citation for published version (APA):

Smeets, FGM. (2019). *Diagnostic modalities and outcome measures in upper gastrointestinal disorders*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20190927fs>

## Document status and date:

Published: 01/01/2019

## DOI:

[10.26481/dis.20190927fs](https://doi.org/10.26481/dis.20190927fs)

## Document Version:

Publisher's PDF, also known as Version of record

## Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

## General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

[www.umlib.nl/taverne-license](http://www.umlib.nl/taverne-license)

## Take down policy

If you believe that this document breaches copyright please contact us at:

[repository@maastrichtuniversity.nl](mailto:repository@maastrichtuniversity.nl)

providing details and we will investigate your claim.

## Diagnostic modalities and outcome measures in upper gastrointestinal disorders

1. The 'Leuven Postprandial Distress Scale' and the 'Functional Dyspepsia Symptom Diary' are the most promising patient-reported outcome measures (PROMs) for symptom assessment in functional dyspepsia, although they (currently) do not fulfill all criteria for adequate psychometric validation (*this thesis*)
2. The novel PROM for functional dyspepsia based on the Experience Sampling Method (ESM) has the potential to assess dyspeptic symptoms and optimize personalized treatment strategies without several limitations of currently available retrospective PROMs (*this thesis, valorization*)
3. Esophagogastric junction distensibility, assessed with the EndoFLIP technique, is not able to predict clinical treatment outcome in newly diagnosed achalasia patients treated with pneumatic balloon dilation (*this thesis*)
4. The added value of the EndoFLIP technique in the preoperative work-up and selection of patients with gastroesophageal reflux disease for the minimally invasive endoluminal Transoral Incisionless Fundoplication is limited (*this thesis*)
5. Treatment of gastroparesis patients with intrapyloric botulinum toxin injection is not recommended due to the limited (long-term) efficacy (*this thesis*)
6. Pyloric compliance, assessed with the EndoFLIP technique, may be a new relevant metric for selection of gastroparesis patients for pyloric interventions (*Gourcerol et al. AP&T 2015*)
7. Peroral endoscopic myotomy of the lower esophageal sphincter (POEM) and the pylorus (G-POEM) are novel and promising minimally-invasive treatment modalities for patients with achalasia and refractory gastroparesis respectively, although long-term follow-up is necessary to evaluate potential adverse effects (*Jacques et al. Endoscopy 2019*)
8. Blended care, based on the mix of face-to-face and ESM-based outside-the-office evaluation and treatment, has the potential to improve clinical outcome and reduce health care costs. Consequently, the Experience Sampling Method is of low cost and high impact for both patients and society (*Van Os et al. Depress Anxiety 2017*)
9. Wat goed is, is goed
10. Een portret is meer dan een kopie van de tastbare werkelijkheid (*Koppig Limburg*)